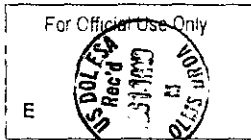


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U- 524-5996 United Association of Plumbers & PF	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name John F. Greenwood 711 Corey Street Scranton, Pennsylvania 18505 P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	4. Name, file number, and address of labor organization Name United Association of Plumbers & PF Local Union 524 Labor Organization File Number 24-0579955 016187 P.O. Box, Building and Room Number, if any Street 711 Corey Street City Scranton State Pennsylvania ZIP Code + 4 18505
5. Position in labor organization. Business Manager L-524 & Intl' Vice President D-2	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income 7.b. Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)

Signed

John F. Greenwood

On July 8, 2004

Date

570-347-9214

Telephone Number

Name of Person Filing	John F. Greenwood	File Number U-	UA Local 524
-----------------------	-------------------	----------------	--------------

B Held an interest in or derived income or economic benefit with monetary value from a business (*) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8 Name and address of Business (including trade name, if any).</p> <p>Name O'Donahue & O'Donahue Law Firm</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 4748 Wisconsin Ave. NW</p> <p>City Washington, D.C.</p> <p>State District of Columbia Code + 4 20016</p>	<p>9. Business deals with</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10 If 9 b. or 9.c. is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any.</p> <p>P.O. Box Bldg. Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Law Firm</p> <p>Business dinner meeting</p> <p>March 2004</p> <p>11.b. Approximate dollar value of such dealing 1 million plus</p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner meeting</p> <p>12.b. Amount. approx. \$125.00</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</p> <p>Name</p> <p>Trade Name, if any</p> <p>P.O. Box Bldg. Room No. if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment:</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

AMENDED 8/5/05

Name of Person Filing JOHN F. GREENWOOD	File Number U- UA L-524
------------------------------------------------	--------------------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name UA INTL' TRAINING FUND</p> <p>Trade Name, if any: "ITF"</p> <p>P.O. Box, Bldg., Room No., if any 901</p> <p>Street MASSACHUSETTS AVE NW</p> <p>City WASHINGTON</p> <p>State D.C. ZIP Code + 4 20001</p>	<p>9. Business deals with:</p> <p style="margin-left: 20px;">a. Labor Organization</p> <p style="margin-left: 20px;"><input checked="" type="radio"/> b. Trust</p> <p style="margin-left: 20px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;">INTERNATIONAL TRAINING FUND BUSINESS DINNER MEETING DECEMBER 2004</p> <hr/> <p>11.b. Approximate dollar value of such dealing. 12 MILLION ANNUAL</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;">DINNER MEETING</p> <hr/> <p>12.b. Amount. 125.00</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment</p>

AMENDED 8/5/05

Name of Person Filing

JOHN F. GREENWOOD

File Number U-

UK L-524

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name INTL PIPE TRADES JOINT CTM.

Trade Name, if any: IPT-JTC

P.O. Box, Bldg., Room No., if any 901

Street MASSACHUSETTS AVE NW

City WASHINGTON

State D.C.

ZIP Code + 4 20001

9. Business deals with

a. Labor Organization

☒ b. Trust☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

NORTH AMERICAN PIPE TRADES
TRAINING CONFERENCE

11.b. Approximate dollar value of such dealing. 1 million - plus

12.a. Nature of interest held or income received.

DINNER MEETING
SPOUSE INCLUDED OR INVITED175⁰⁰ x 2 = \$350⁰⁰

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

AMENDED 8/5/08

484